

PART B

☐ Add Case ☐ Add Child ☐ Update ☐ Terminate Payment

16. Kinship Child Sequence (Identifier assigned by DHFS and provided to Kinship Care Agency. Enter known sequence letter for "Update" and "Terminate Payment" submittals.)	17. CARES Child PIN (Complete if the child currently has an assigned personal identifier in CARES.)
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18. Name - Last	First	MI	19. Child's Social Security Number (If child has no number, enter "NONE.")
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20. Birthdate (mm/ dd/ yyyy)	21. Gender	22. Child's Ethnicity - Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	23. Child's Race <i>(Check up to 3)</i> <div> <input type="checkbox"/> White <input type="checkbox"/> Asian </div> <div> <input type="checkbox"/> Black or African-American <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown </div> <input type="checkbox"/> Native Hawaiian or other Pacific Islander

<p>24. Care Type</p> <p><input type="checkbox"/> "Regular" Kinship Care [s. 48.57(3m)]</p> <p><input type="checkbox"/> Long-Term Kinship Care [s. 48.57(3n)]</p>	<p>25. Relationship of Child to Relative Caregiver</p> <p> <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Stepbrother / Sister <input type="checkbox"/> Stepchild <input type="checkbox"/> First Cousin <input type="checkbox"/> Grandchild <input type="checkbox"/> Great Grandchild <input type="checkbox"/> Great Great Grandchild <input type="checkbox"/> Step Grandchild <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Nephew/Niece <input type="checkbox"/> Great Nephew / Niece <input type="checkbox"/> Great Great Nephew/Niece <input type="checkbox"/> Other </p>
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<p>26. Court ordered placement?</p> <p><input type="checkbox"/> Yes (Check if the child has been placed with the relative by order of the juvenile court.)</p> <p><input type="checkbox"/> No (Check if no court order or for any other placement by guardianship arrangement, even when made by a court.)</p>	<p>27. Is child a teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If "Yes" does the teen parent's child reside with him/her in this placement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If "Yes" is Kinship payment also being made for the child of the teen parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you checked "Yes" for 27b, complete a second form, Sections C, D, and E, for the teen parent's child. The teen parent's relative caregiver is also considered the caregiver of the teen parent's child.</i></p>
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28. U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Does child receive disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(NOTE: Children receiving SSI are not eligible for Kinship Care payments.)</i>
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30. Monthly whole dollar amount of Unearned Income the child receives (<i>do NOT include the Kinship Care payment</i>).	31. Currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No
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32. Educational level. **Enter the last grade completed.** Do not use child's current school year. For example, if a child is in the fifth grade, indicate "04."

		01 - 11	Grade level completed in primary/secondary school including secondary level vocational school or adult high school.
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33. School district number:

Only if item 31 is "Yes", enter the four digit code for the school district in which the child attends school. If tribal school with no district number, enter 9999. If child is in school out-of-state, enter XXXX.

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D. Parent Information

34. Birth/Adoptive mother's current status *(check only one)*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Divorced | |

35. Birth/Adoptive father's current status *(check only one)*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Divorced | |

36. Birth/Adoptive mother TPR? ☐ Yes ☐ No

37. Birth/Adoptive father TPR? ☐ Yes ☐ No

38. Current relationship of birth/adoptive parents to each other *(check only one)*

- | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Never married | <input type="checkbox"/> Unknown |
|----------------------------------|-----------------------------------|------------------------------------|--|----------------------------------|

E. Start/Terminate Payment Episode

Start Date (mm / yyyy) *(Month and year in which a Kinship Care payment was first made for the specific child when:*

- adding a case;*
- adding a child to an existing case; or*
- when payments were resumed for a specific child after earlier episode(s) were terminated.)*

End Date (mm / yyyy) *(Used only when terminating a child's Kinship Care payment. It should reflect the month and year in which the final Kinship Care payment was made for the specific child.)*

39. Primary reason child no longer receives Kinship Care *(check only one)*

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|---|---|
| <input type="checkbox"/> No need for living arrangement | <input type="checkbox"/> Child turned 18 |
| <input type="checkbox"/> No probability for court jurisdiction | <input type="checkbox"/> Child deceased |
| <input type="checkbox"/> Child no longer living in caregiver's home | <input type="checkbox"/> Caregiver failed criminal background check |
| <input type="checkbox"/> Child receiving SSI | <input type="checkbox"/> Other household member failed criminal background check |
| <input type="checkbox"/> Not in child's best interest | <input type="checkbox"/> Caregiver relative voluntarily closed case |
| <input type="checkbox"/> Relative caregiver refused to cooperate w/agency | <input type="checkbox"/> Child's parent(s) living with child |
| | <input type="checkbox"/> Other <i>(check if none of the others are appropriate)</i> |